

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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3				
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49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*	*	*	*
IND.	DEP.	IND.	DEP.
51	1		
52			
53			
54	1		
55			
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97			
98			
99			
100			
TOTAL IND.	1		
TOTAL DEP.	28		
TOTAL CLAIMS	29		